

Alteration form for annuity policy

Important Notes:

Identity → For Singaporeans/PRs, submit a CLEAR copy of your NRIC/Passport/Long-Term Pass.
 → For foreigners, submit a CLEAR copy of an identification (front & back) (e.g. employment pass, passport) and a CLEAR copy of documentary proof of the address, such as copies of utility bills, bank statements or letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.

Copy of bank passbook or statement → For direct crediting requests

Additional Residential address verification proof → Tick when necessary only

For Singapore Citizen/Permanent Resident – If the residential address stated in this form is different from the address in your identity document, please provide billing proof.

For non-Singapore Citizen – Please provide a valid identity document or passport with your residential address indicated, or billing proof. Examples of billing proof – utility bills, bank statements and letters issued by statutory or government bodies (dated within the past 6 months) with letterhead, name, address and date clearly shown.

My identity document address is up-to-dated therefore I have just submitted the request to update my residential address officially with your records.
 → Tick when necessary only

Electronic Documents: All application and policy correspondence will be sent to you electronically, unless any of these are not available electronically, in which case you will receive the hardcopy by mail.

Details of policyholder

Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN/Unique Entity Number (UEN)	Policy number
Nationality		
<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____		
<input type="checkbox"/> Others (please give details) _____		

Type of request

Request	Details
<input type="checkbox"/> Receiving annuity payouts via bank crediting <small>Please see notes 3 to 5 below</small>	Please provide a copy of your bank passbook/statement for verification. The bank account must be opened in Singapore. Name of bank _____ Account number _____ <input type="checkbox"/> I have closed/I am closing my existing crediting account in this annuity policy. I authorise Income to credit into this new account if Income receives a failed crediting notification from the bank
<input type="checkbox"/> Change of payout frequency	Please choose your preferred payout frequency. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
<input type="checkbox"/> Other request	

Note:

Change of payout frequency for annuities (Note that annuities are paying in arrears)	Monthly → Yearly	Yearly → Monthly
Requirements	Not a CPF RSS policy Must complete a full policy year's cycle of monthly payout before we process the change	Anytime but much preferred just right after receiving a yearly payout
Benefit	Payout gets 0.5 more months Yearly payout amount = Monthly Payout Amount*12.5	Monthly Payout Amount = Yearly Payout Amount/12.5
Tradeoff	You receive payouts eleven months later than one who is on monthly	NIL

Terms:

- 1 You must be the recipient of the annuity payouts.
- 2 If we are in the midst of processing your payout, your request will only be processed after this payout is completed.
- 3 For policies bought under the CPFIS(CPF OA OR CPFSA) or SRS, we will only be able to process your request after we are notified that your Investment Account has been closed successfully, or your policy could be removed from CPFIS or SRS.

Personal data use statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited (“Income”), its representatives, agents, relevant third parties (referred to in Income’s Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income Parties”) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively “personal data”) for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/or NTUC Enterprise group of social enterprises (“NE Group”) where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide you with their respective products/services, and in the manner and for other purposes described in Income’s Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income’s Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

Declaration and authorisation

I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.

I confirm (a) that I understand and agree to the collection, use and disclosure of my personal data as stated in the “Personal Data Use Statement” (PDUS); and (b) on the representation and warranty made in the PDUS.

I understand and agree that the changes will take effect only when you accept and approve my request and notify me of the effective date of the changes

I understand that I may receive correspondences for this application and my policy documents electronically (collectively “policy e-document”). I agree that Income can notify me by email or SMS to retrieve and read my policy e-documents via secure online access.

I agree that Income will not be responsible to me (or any other person) if I fail to:

- a provide Income my correct email address or mobile number;
- b inform Income of any update or change to my email address or mobile number; or
- c keep the password to access the policy e-documents confidential.

I understand that the policy e-documents are considered delivered and received, upon my receipt of your SMS or email notification on the availability of the policy e-documents via secure online access.

I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

I agree that if I or any “Relevant Person is found to be a “Prohibited Person:

- Income is entitled not to accept this application; and
- if any policy is issued, Income is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. Income will not refund any unutilised premium when this policy is ended.

Income’s decision in every respect of the above will be final.

I will inform Income immediately if there is any change in my or any Relevant Person’s identity, status or identity documents.

[#] *Relevant Person* includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

⁺ *Prohibited Person* means a person or entity who is, or who is “Related to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict Income from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

[^] *Related* includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

This application is governed by and interpreted according to the laws of the Republic of Singapore.

Signature of policyholder

Signed in Singapore on



Submission

To avoid processing delay, please furnish the supporting documents with your submission. You may submit via any of the following channels:

- 1 Email to life.health@income.com.sg
- 2 Mail using the Business Reply Envelope
- 3 Walk in to any of our branches

Please take note of the following:

- Please make your cheque payable to Income Insurance Limited
- Sign your cheque and write your reference on the reverse of the cheque
- Enclose the Payment Slip to avoid delay in processing
- DO NOT** send cash by post
- DO NOT** fold Payment Slip
- DO NOT** send post-dated cheque
- DO NOT** include other attachments
- DO NOT** staple the cheque to your Payment Slip
- DO NOT** write any instruction on Payment Slip or enclose any service request, as this payment is processed directly by the clearing bank

No official receipts will be issued.

Please call contact centre at 6332 1133 (Healthcare) and 6788 1122 (Life/Motor) if you require one.

Fold here



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will be paid
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For posting in
Singapore only.

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